Overview

Policy

The State of Arizona Auditor General will conduct an annual, independent, agency-wide audit in compliance with OMB Circular A-133 annually for the Arizona Department of Health Services (ADHS), most County Health Departments, and with other non-profit agencies covered by certified public accounting firms. Non-federal entities (sub-recipients) that expend \$500,000.00 or more a year in federal awards must have a single audit conducted that year, and annually the sub recipients receiving federal funds through ADHS will provide the department with an independent, agency-wide audit in accordance with OMB Circular A-133. The Office of Audits and Special Investigations tracks single audits, incorporates findings into appropriate reports, determines ADHS overall compliance with A-133, and communicates with appropriate officials.

The ADHS – OCDPNS Audit Staff will perform contract compliance audits of expenditures and related activities pursuant to OMB Circular A-87 (Governmental Subdivisions), OMB Circular A 122 (Non-Profit Organizations), ADHS Accounting and Auditing Procedures Manual, and WIC Federal Regulations (Audit Program 15-11).

Bi-annually, the WIC Program shall monitor its Local Agencies. The monitoring and review of agencies is described in detail in this chapter and WIC federal regulations:

- WIC Financial Audits, 7 CFR § 246.19
- WIC Management Evaluations, ADHS-CDPNS staff reviewing management processes, client certification, food package determination, nutrition education, in coordination with the State Plan, 7 CFR § 246.19 (b)

In This Chapter

This chapter is divided into four (4) sections, which detail financial audit policies and procedures, including Management Evaluations, and two (2) appendices.

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ORIGINAL: MARCH 1997

Overview

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Section A Procedures

Notification of Audit

Monitoring and review of Local Agencies is scheduled biannually according to an established rotation. Management evaluations for a Local Agency will be completed one year and the following year; they will receive a financial audit that includes evaluation of their corrective action plan. There are exceptions to the schedule, including Management requested reviews, previous audit follow-up, USDA special studies, or agency requested support.

The ADHS – OCDPNS auditor will notify the Local Agency of the audit date 4 to 6 weeks in advance of the audit. Copies of the notice with a detailed audit questionnaire will be sent to the Local Agency WIC Director and the Accounting Office. Telephone confirmation of the audit date, entrance conference time, audit requirements, necessary resources and the auditor's name will be made approximately one (1) week to two (2) weeks prior to the audit.

Alternating WIC years, the ONCDPS WIC Nutrition Services staff will notify the Local Agency of management evaluations using appropriate policies and procedures.

Pre-Audit Conference With State Personnel

The Local Agency WIC Director will be contacted prior to the audit to discuss problem areas that may be identified in the contract files, correspondence, WIC reports, information available from management, various WIC monitoring systems, and pertinent single audit results.

Copies of the Expenditure Reports covering the period of the audit will be summarized, purchase orders covering the audit period copied and reviewed, and WIC Payments summarized.

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ORIGINAL: MARCH 1997

Section A Procedures (Continued)

Audit of Financial Records

The objective of an audit is to determine propriety and eligibility of expenditures pursuant to OMB Circular A-87 and 122, ADHS Accounting and Auditing Manual, and the WIC contract in effect. In the event the Local Agency has subcontracts, the subcontractors' records may, if circumstances dictate, also be examined.

Auditors may review the following:

- Approved cost allocation plan
- Adequacy of the accounting system
- WIC funds separately accounted for
- Reconciliation of Local Agency's expenditure report with the Local Agency's books
- Detailed testing of transactions including: Salaries and wages, fringe benefits, supplies, indirect cost pools and reasonability of expenditures for WIC. Statistical sampling will be used, with expanded sampling when problem areas are identified
- Results of the previous corrective action plan will be evaluated to determine the level of compliance and resolution achieved by the Local Agency

An audit of the Local Agency's performance records will be conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. *The audit is not an evaluation of the quality of those services.*

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ORIGINAL: MARCH 1997

Section A Procedures (Continued)

Audit of Financial Records (Continued)

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors' performance records may also be examined.

Auditors may review the following:

- Client charts and/or files
- Activity logs
- Documentation in support of program progress reports
- Sign-in sheets

Note: Medical case records of the individuals will not be reviewed unless they are the only source of certification data. All client records examined by the ADHS audit staff will be treated with complete confidentiality.

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ORIGINAL: MARCH 1997

Section A Procedures (Continued)

Audit Follow-Up

The Nutrition Programs Manager or their designee is responsible for reviewing the audit recommendations to determine what specific action(s) should be taken and will set deadlines for implementation of corrective measures.

The Nutrition Programs Manager is responsible for forwarding a copy of the report and recommendations to both the Local Agency and the USDA/FNS/WRO. The State Agency will provide instructions or guidance, including implementation time frames for the corrective action plan.

The Local Agency will reply to the Nutrition Programs Manager in writing as to what corrective action will be taken to satisfy each audit recommendation.

The Nutrition Programs Manager or designate will evaluate the corrective actions taken by the Local Agency and will then reply to the ADHS Office of Auditing. The reply should include the findings, the recommendations, the Local Agency's responses and the Nutrition Programs Manager's response.

Upon receipt and acceptance of the audit response from the Nutrition Programs Manager, the audit staff will inform the Local Agency WIC program of the closure of the audit file.

The follow-up will be accomplished within 60 calendar days of the date of the audit report unless an extension date is justified and documented.

Monitoring

State Agency WIC staff will monitor the implemented audit recommendations during their follow-up visits to the Local Agency.

Non-compliance

If the Local Agency is unable to, or does not agree to comply with the audit recommendations, the Nutrition Programs Manager and the ADHS auditor will meet with the Local Agency. This meeting should be held within 20 calendar days of receipt of the Local Agency's reply. The meeting participants should attempt to resolve any problems relating to the audit recommendations.

ORIGINAL: MARCH 1997

Section B Audit Records and Other Policies

Audit Records

State and Local Agencies will maintain records, easily retrieved for review during an audit, according to policies set forth in Chapter 14.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives, will have access to any books, documents, papers and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts during normal business hours. Any reports or other documents resulting from the examination of such records that are publicly released may not include confidential applicant or participant information.

Cost Allocation Guidelines

The Local Agency will assure that cost be deemed reasonable based upon the following criteria:

- Reasonable and necessary to carry out the program
- Treated consistently
- Consistent and allowable under federal, state and local laws, regulations and policies
- Be determined in accordance with generally accepted accounting principles and adequately documented
- Net of applicable credits
- Charged in the correct accounting period
- Not be charged to more than one federal grant or used to meet a matching or cost sharing requirement for more than one federal grant, either in the current or prior accounting period
- A cost is allocable to a federal grant only to the extent that it benefits the grant's objective
- Costs must be allocated equitably in terms of benefits derived

Costs necessary to the WIC program include providing WIC Program participants with supplemental food, nutrition education, breastfeeding promotion, support activities, and referral to related health services.

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Section B Audit Records and Other Policies (Continued)

Continuous Time Reporting

Continuous time reporting is the required documentation system because employees engaged in multiple programs or cost objectives must continuously generate documentation supporting the distribution of their time and effort. (OMB Circular A-87, Attachment B, paragraph 11.h.1-2, and A-122 Attachment B, Paragraph 7.m 1). The only exceptions are:

- Governmental agencies, single cost objectives, semi-annual certification indicating performance of work for one cost objective (OMB circular A-87, Attachment B, paragraph 11.h.3)
- In Local Agencies that are hospitals (AZ WIC currently has none), staff is required to complete monthly estimates of their work time. The estimate must be completed within one month of the actual activity completion date. The staff includes physicians, nurses, nutritionists, and other persons performing WIC responsibilities

Time Studies

The WIC Annual Cost Summary Report distributes WIC NSA cost to four categories including Nutrition Education, Breastfeeding Promotion/Support, Client Services, and General Administration. WRO memorandum 807-Y, May 23, 2003, requires that time studies used to distribute cost to the four categories need to be conducted one week per month or one month per quarter. Annual one-month studies are not considered representative for the entire year. The Arizona WIC Program received approval for another option, two weeks (one pay period) every other month.

For staff that works for one or more than one program in addition to WIC time studies, daily time records are required to separate WIC and non-WIC costs, unless the appropriate federal agency has approved an alternative methodology.

ORIGINAL: MARCH 1997

Section C Management Evaluations

Policy

The State Agency shall conduct management evaluations of each Local Agency at least once every two (2) years. Such evaluations shall include on-site reviews of a minimum of 20 percent of clinics in each Local Agency, or one (1) clinic, whichever is greater. The State Agency may conduct such additional on-site reviews as the State Agency determines to be necessary in the interest of the efficiency and effectiveness of the program.

The State Agency shall develop a reporting process, which includes:

- Prompt notification of deficiencies to the Local Agency
- Timely development of corrective action plans
- The monitoring of Local Agency implementation of such plans

The State Agency shall require Local Agencies to establish management evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

ORIGINAL: MARCH 1997

Section D Management Evaluations – Procedures

Procedure

The State Agency will conduct management evaluations (ME) throughout the fiscal year.

Time Frame

- Local Agencies will be notified 60 days prior to ME visit.
- The Local Agency Pre-Management Evaluation Survey will be returned to State Agency 30 days prior to ME.
- The State Agency will have a draft report of the Management Evaluation written 30 days after the ME.
- The final report will be sent to the Local Agency 45 days after the ME.
- The Local Agency will submit their Corrective Action Plan 30 days after they receive the final written Findings Report.
- A follow up by the Community Nutrition Services Team member assigned to the Local Agency will be done 45 days after the Local Agency submits the Corrective Action Plan.
- After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director.

Prior Notification

The State Agency will advise the Local Agency Health Officer and the WIC Director in writing of the dates for the monitoring visit within 60 days of the visit. The state will provide the Pre-Management Evaluation Survey (Appendix B) to the Local Agency Health Officer and the Local Agency WIC Director.

The Pre-management evaluation survey will be returned via mail or email to the State Agency 30 days prior to the management evaluation. Prior to the visit the State Agency will complete chart reviews (Appendix B) and run reports for each Local Agency clinic.

Continued on Next Page

ORIGINAL: MARCH 1997

Section D Management Evaluations – Procedures (Continued)

Entrance Interview

The State Agency will conduct an entrance interview with the Local Agency Health Officer and the Local Agency WIC Director to discuss preliminary findings.

Monitoring

The State Agency will use the forms located in Appendix B during the ME. Participant certifications, lab procedures and nutrition education will be monitored. Local Agency and Clinic Site Reviews will also be conducted.

Exit Interview

The State Agency will conduct an exit interview with the Local Agency Health Officer and the Local Agency WIC Director at the end of the Management Evaluation.

The State Agency will explain the preliminary results, address questions, respond to feedback, give an approximate date for the written Findings Report to be sent, and explain the Local Agency's requirements for follow up.

Written Findings Report

The State Agency will compile a written Findings Report within 45 days of the date of the exit interview. The report will be provided to the Local Agency Health Officer and the WIC Director. The report will contain the date when the Corrective Action Plan is due to the State Agency.

Note: The time frame may be extended if arrangements are made prior to the evaluation and approved by the Local Agency WIC Director.

Corrective Action Plan Follow-up

The State Agency will receive, log, evaluate, and respond to the Corrective Action Plan submitted by the Local Agency. After adequacy of the Corrective Action Plan has been determined, the State Agency will send written notification of the closure to the Local Agency Health Officer and the Local Agency WIC Director.

ORIGINAL: MARCH 1997

Appendix A:	Financial Audit Forms
.Se	e following pages

ORIGINAL: MARCH 1997

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF PUBLIC HEALTH SERVICES OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES WOMEN INFANTS AND CHILDREN (WIC) AUDIT PROGRAM

Beginning Da Ending Date		Auditor
J		Agency Name, address, and P O #
OBJECTIVE:	Accounting contract in e	ne propriety and eligibility of expenditures pursuant to OMB Cir. #87 & 122, ADHS and Auditing Procedure Manual (http://www.azdhs.gov/bhs/account_audit.htm), the WIC effect, WIC Policy and Procedure Manual, USDA Consolidated WIC Regulations, and vised Statute references (11-952, 35-181.0103, 35-115, 35-211, 35.214, and 35-215) for and period identified above.
SCOPE:	records to d 246.11 of th	the Office of Chronic Disease Prevention and Nutrition Services audit of performance letermine that the necessary Nutritional Activities are completed in concert with paragraph e WIC consolidated regulations. The performance review includes sampling of client es, activity logs, program progress report documentation, and sign in sheets.
	established requirement	al audit will determine if the (1) financial information is presented in accordance with or stated criteria, (2) the agency has adhered to specific financial compliance is, and (3) the agency's internal control structure over financial reporting and/or g assets is suitably designed to achieve the control objectives.
W/P Ref. By	Date	
		PLANNING
		A. Prepare audit working papers file for the agency in concert with the overall audit plan and management input.
		 The agency is notified in writing 2 to 4 weeks in advance of the audit date, carbon copy WIC management, and make telephone verification of the audit date approximately 1 week in advance of the audit.
		 At the beginning of the audit fieldwork, hold an entrance conference with the designated representatives, identifying key staff, review the audit questionnaire and pertinent single audit findings, outline the audit scope, review agency organization and ADHS payment patterns, and set up a tentative schedule.
		B. The following documentation is necessary for the use in detail test work:
		 Copies of the quarterly Contractor's Expenditure Report (CER) for the agency covering the period of the review.
		2. Copies of the Purchase Order and Contracts covering the period of the audit.
		 Copies of other financial correspondence including technical explanations, requests for reports, or management guidelines.

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ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF PUBLIC HEALTH SERVICES OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)

W/P Ref.	<u>.By</u>	<u>Date</u>		
			_	 Arizona Financial Information System(AFIS) or USAS reports as necessary including vendor payment data, journal entries making adjustments, or Data Query financial extractions.
				5. Copies of budget documentation for the audit period for the Agency.
				6. The most recent Management Evaluation Findings Report for the agency being reviewed.
			C.	The following transaction summaries need to be completed.
				 Prepare a spreadsheet (summary) of the Contractor's Expenditure Report and the approved budget by budget categories.
				2. Prepare a summary of payments to the Agency for the entire period covered by the audits from Discover.
			D.	The following reconciliation's, detail testing, observations need to be completed.
	_			 Review the detailed internal control questionnaire with Agency staff. Determine if the Agency identifies WIC Nutrition Services and administrative cost expenditures and revenue in a unique account, department, or other financial structure.
				 Verify the expenditure summary, fund balances, payments to the agencies financial reports. Review the recording of WIC funding at the beginning of the period.
				3. Verify that reasonable salaries and wages are supported by the Agency time reporting practice, including payroll documents in accordance with the generally accepted practice of the unit and approved by the responsible official of the unit. Verify that personal activity reports, time reports, or equivalent documentation meets the following standards:
				 The document reflects after-the-fact distribution of actual activity The document must account for all employee activity The document must be prepared at least monthly and coincide with one or more pay period The document must be signed by the employee
				4. Verify that reasonable fringe benefit expenditures are allocated to WIC in a manner consistent with the pattern of benefits attributable to the individuals or

WIC Forms Chapter 15 REVISION: OCTOBER 2007

other activities.

group(s) of employees whose salaries or wages are chargeable to WIC and

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF PUBLIC HEALTH SERVICES OFFICE OF CHRONIC DISEASE PREVENTION AND NUTRITION SERVICES WOMEN, INFANTS, AND CHILDREN (WIC) AUDIT PROGRAM (CONTINUED)

W/P	_		
<u>Ref.</u>	<u>By</u> 	<u>Date</u> 	5. Verify that Contracts, Non-Capital equipment supplies, and materials expenditures are supported by an invoice denoting the date, vendor name, service or material provided, rate paid, receiving record and receiving signature if applicable, and total charges when charged to WIC Nutrition Services and administrative costs.
			 Verify that travel claims include detailed mileage, subsistence including purpose, dates, time of departure and arrival, travel site, trip mileage etc. The travel claim must be certified by the employee and approved by the employee's supervisor.
			7. Verify that the building space cost is reasonable in light of rental costs for comparable property, market conditions in the area, alternatives available, and allocations to WIC are on a reasonable basis.
			 Verify the indirect cost ratio calculation including activities included in the indirect pool, the reasonability of the rate, and the makeup of the other direct projects.
			9. Determine if the expenditures reflected on the CER support nutrition education and breastfeeding promotion, program certification, outreach services, food delivery system, translators for materials and interpreters, the cost of fair hearings, rural participant transportation, contract performance monitoring, screening for drugs and other harmful substance abuse (exclude lab tests), and breastfeeding aids which directly support the initiation and continuation of breastfeeding.
			 Determine if the required Nutrition Education is being provided, with the necessary time reporting, cost accounting, and appropriate internal controls in place.
			11. Review food instrument security procedures for manual drafts, automated drafts, and voided food instruments to insure established WIC regulations are followed.
			 Review participant files to determine the adequacy of applicant screening to determine client eligibility.
			NOTE - PRELIMINARY FINDINGS/CONCERNS WILL BE DISCUSSED WITH APPROPRIATE PERSONNEL ON SITE AT THE AGENCY.
			E. Review and Reporting
			1. Summarize findings and draft report.
			2. Forward work papers to the WIC Director for review.
			3. Clear review comments.
			4. Forward the preliminary draft to appropriate personnel for response.
	WIC I	 Forms Chapter 15	5. Prepare and issue the final report. REVISION: OCTOBER 2007

Appendix B: Management Evaluation Forms

See following pages

Pre Management Evaluation (ME) Survey

Please provide the following information regarding the clinics in your Local Agency. It is understood that each response includes each clinic site in your Local Agency, unless you have noted an exception.

CLINIC OPERATIONS

CLINIC PROCEDURE DOCUMENT	LOCATION IN CLINIC/AGENCY
WIC Federal Regulations	
Arizona State and Local WIC Program P&P	
Arizona WIC Program Laboratory Manual	
Staff Personnel Records and Training Logs	

SERVICE LEVELS

.02/\\102 12\\220							
	ELIGIBLE	SERVED	BARRIER FOR NOT SERVING				
WOMEN							
INFANTS							
CHILDREN							

Please outline the specific actions you are taking to reduce your no-show rates.
--

VENDOR RELATIONS

Ш	Please outline steps taken when a client reports a problem with a Vendor.						

ATTACH LOCAL AGENCY DOCUMENTATION

- □ PROCEDURES FOR CASELOAD MANAGEMENT, INCLUDING OUTREACH PLAN.
- *PROCEDURES FOR TRANSLATION.
- □ ANY CIVIL RIGHTS COMPLAINTS PROCESSED IN THE PAST 12 MONTHS. (Include a copy of any civil rights complaints received in the last 24 months.)
- NUTRITION EDUCATION CARE PLAN, INCLUDING PROCEDURES FOR HIGH RISK REFERRALS TO NUTRITIONIST.
- STAFF TRAINING LOGS.
- PROCEDURES FOR SEPARATION OF DUTIES.
- PROCEDURES FOR REPORTING CHILD ABUSE.
- PROCEDURES FOR MAILING FOOD INSTRUMENTS.
- CONFIDENTIALITY AGREEMENTS.
- SHARING OF INFORMATION AGREEMENTS.
- PROCEDURES FOR CONFLICT OF INTEREST REGARDING EMPLOYEES, VENDORS AND/OR EMPLOYEE FAMILY MEMBERS (Include signed copies of the forms.)
- □ PROCEDURES FOR BREASTFEEDING PUMP LOAN/RELEASE.

COMMENTS

Please share with us any comments, concerns or ideas you have regarding the current status of your Local Agency clinic operations and client health outcomes. For example:

- ⇒ Facilities for providing client services.
- ⇒ Particular health outcomes in your client population.
- ⇒ State and Federal program developments.
- ⇒ Program Integrity measures for the prevention and detection of potential fraud and/or abuse.

*This shall include the resources you have identified to assist you with specific requests such as foreign language translation, American Sign Language, TTY utilization, Braille transcription services, etc...



REVIEWER:	DATE:	
AGENCY:	SITE:	

	1	2	3	4	5
Participant Name					
and ID # (list)					
Category					
Date of Birth (list)					
FAMILY INFORMATION					
Family ID# (list)					
One family ID # per family					
Phone Number					
Education Level					
CLIENT REGISTRATION					
Mothers ID on infant/child record					
Income Determination					
246.7(v)(vi)(vii)					
Documentation of Income					
Ethnicity Recorded					
CERT ACTION					
Cert Start –End (extended?) 246.7(g)(3)					
Previous Cert (extended?)					
Category- correct category					
MEDICAL 246.7(E)					
Date (within 60 days of cert)					
Height- correct coding					
Weight- correct coding					
HGB- correct coding					
HGB – correct intervals					
for age and category					
Notes, if applicable					
′ 11	1	L		1	1

HEALTH			
Assigned Risks (List)			
246.7(e)			
Risk 401 – Diet Assessment			
Health History-Complete			
Immunizations			
Infant Condition			
Tobacco			
.CARE PLAN 246.11(E)(5)			
Goals Tailored			
Rights and Responsibilities			
WIC Rules and Regulations			
Lead Screening			
Mandatory Referrals 246.7(b)			
High Risk referred to nutritionist (101,			
103, 131,132, 134, 141, 142, 201, 302, 341, 602, 603)			
High Risk participant seen by			
nutritionist			
.HISTORY FIELD			
Appropriate Nutrition Ed.			
# of Nutrition Education Contacts			
dates per Certification			
2 Ed contacts per cert period			
documented (chart review)			
246.11(e)(2)			
(check number of topics) Goals related to documented Nut Ed			
for each cert period			
FOOD PACKAGE			
Tailoring of Package- profile and			
check			
Formula Approval			
Appropriate package			
Appropriate pickup interval			



NOTES:	
Participant Name and ID #	Explanation of Findings



Profile – Crystal Reports

- ✓ Height and Weight
- ✓ Hemoglobin
- ✓ Income (zero or blank)
- ✓ Special Formula issuance
- ✓ High Risk (101, 103, 131,132, 134, 141, 142, 201, 302, 341, 602, 603)
- ✓ 10/20 day reports



REVIEWER:	DATE:	
AGENCY:	SITE:	

	1	2	3	Comments	Policy
CNW					
Participant ID No.					
Category					
Certification (C) or					
Mid-Cert (MC) Health Check					
INTERVIEWING TECHNIQUES & CUSTOMER SERVICE					
Wait time for client was reasonable					
Introduced self					
Explained purpose of interview					
Asked open-ended questions					
Used polite and customer-friendly manner / treated participant with respect					
Engaged participant and actively listened and involved client					246.11(7)
Client given opportunity to ask questions					
and					
Client(s) questions addressed					
Addressed potential problems / barriers					
Provided clear and accurate instructions / explanations without WIC lingo					
Performed in a knowledgeable manner					
Managed effectively with upset / emotional participant. Showed consideration of participant's feelings					
Collected data with non-biased techniques					

Considered client's life situations, culture, religious values / preferences, literacy level and language spoken	246.11 (e)(6)(c)(3) (a)(1) (b)(2)
Time to completely process client was reasonable	
IDENTIFICATION & IDENTIFIERS	
Proof of ID	
✓ Proof of ID was provided and recorded correctly	Ch. 2 Sec. B
Residency	
✓ Proof of residency was provided and recorded correctly	Ch. 2 Sec. C
Income	Ch. 2 Sec. E
 Client was asked to provide proof of adjunctive eligibility 	
Or	
 ✓ Proof of income was provided, calculated, and recorded correctly 	
Dual Participation	246.7(h)(1)(j)(2)
✓ Checked in AIM	246.2
Race/Ethnicity	
✓ Race and ethnicity data collected accurately (at initial cert only)	Ch. 2 Sec. D
ANTHROPOMETRICS	
Consent/Release explained & signed prior to anthropometric intake	246.7(h)(2) Lab. Manual Ch. 5
Medical data <60 days old	
Height & Weight	
✓ Scales are zeroed and balanced before weighing individual	



Infant, child or adult weighed			
accurately ✓ Dry diaper			
✓ Light clothing			
✓ Without shoes			
✓ Weighed to nearest ounce			
Infant or recumbent child measured accurately			
✓ Length board used for infants & children under 24 months or unable to stand unassisted			
✓ Measured on a standardized length board with non-movable headboard and a non-flexible footboard			
✓ Length measured twice			
✓ Both legs are grasped and straightened for measurements			
✓ Length measured to nearest 1/8 inch			
Standing child or adult measured accurately			
✓ Standing height used for children over 24 months & women			
✓ Measured using a wall-mounted steel or non-stretched tape with a flat headboard			
✓ Heels slightly apart			
✓ Heels, buttocks and shoulder blades touching wall			
✓ Eyes straight ahead with arms at sides			
✓ Without top hair adornment			
✓ Height measured twice			
✓ Height is measured to nearest 1/8 inch			

Blood Work Lab Procedure	
Site preparation techniques	Lab Manual Ch. 2
✓ Cleansed & gloved hands for each test	
✓ Gloves remained on until cuvette was disposed	Lab Manual Ch. 2
 ✓ Correct site chosen (middle or ring finger, cannot have ring, heel when appropriate) 	Lab Manual Ch. 5
✓ Cleansed & dried site, site held to distend skin	Lab Manual Ch. 5
 ✓ Correct puncture site and depth, first 2 - 3 drops wiped, pressure / bandage applied (no bandage under 2 years) 	Lab Manual Ch. 5
Correct collection techniques	Lab Manual Ch 5
✓ No squeezing / milking to collect blood, other method used	
Correct cuvette techniques	Lab Manual Ch. 5
✓ Cuvette container with lid on and stored at room temp	
✓ Pointed downward	Lab Manual Ch. 5
✓ Filled in one step to front edge, excess blood wiped off	Lab Manual Ch. 5
✓ Checked for air bubbles, discarded if present	Lab Manual Ch. 5
✓ Disposed of used supplies properly in Biohazard / Sharps containers/trash can	Lab Manual Ch. 2
✓ Disposed of gloves after each test & cleansed hands	Lab Manual Ch. 2
✓ Blood values recorded accurately	

✓ Appropriate alternate code used, if applicable:		
✓ 99.5= pending (give one month);		
√ 99.6= hemophilia or religion prevents draw;		
√ 99.7= blood work is not required at this cert;		
√ 99.8= draw will create safety hazard		
ASSESSMENT		
Infant Condition		
✓ Recorded (up to age 2)		
Health History Information		Ch. 2 Sec. G
✓ Questions appropriately asked		
✓ Responses accurately recorded		
Immunizations		Ch. 6 Sec. H
✓ Assessed and recorded correctly		
✓ Referrals made (if applicable)		WRO Policy memo 2001-7
Tobacco		Ch. 6 Sec. F
✓ Assessed and recorded correctly		Ch. 2 Sec .K
✓ Referrals made (if applicable)		
Diet Assessment		
✓ Client was asked about vitamin / mineral supplementation		
✓ Info recorded correctly		
✓ Results explained to participant		
Risks		Ch. 2 Sec. I
✓ Growth/med charts explained		App. F
✓ All risks were identified & recorded		
✓ Risks explained to participant		
	 L	

 ✓ High Risk clients referred to Nutritionist 				Ch. 7 Sec. D
✓ Referrals to nutritionist documented				Ch. 7 Sec. D
CARE PLAN & PARTICIPANT EDUCATION				
Rights and Obligations				Ch. 2 Sec. K
 Explanation of the WIC Rights and Obligations Form including: 				
✓ The illegality of simultaneous participation in more than one (1) WIC and / or CSF Program				
✓ WIC does not discriminate				
✓ Policy and procedure on the following, if applicable:				
 Actions that may cause the participant to become disqualified 				
Right to appeal				
 An explanation about program disqualifications for errors and / or abuse 				
 ✓ Availability of Health Services (i.e. WIC Referral Form) 				Ch. 2 Sec. K
✓ Food Delivery System (See food Instrument Education)	Record on page 8	Record on page 8	Record on page 8	Ch. 2 Sec. K
✓ Rights and Obligations documented in Care Plan				Ch. 2 Sec. K
Rules and Regulations				246.7(j)(2i)(ii)
✓ Arizona WIC Program requirements				Ch. 2 Sec. L
✓ Local Agency requirements				Ch. 2 Sec. L
✓ The duration of the certification period				Ch. 2 Sec. L



	,	
✓ An explanation of why the participant is qualified by income, category and nutritional risk		Ch. 2 Sec. L
WIC ID Folder		Ch. 2 Sec. L
✓ The purpose of the identification (ID) folder / transfer card, including, but not limited to:		App. C
✓ The ID folder / transfer card is the participant's form of identification and they must bring it to the store with them		
✓ The signature on the ID folder / transfer card must match the signature on the Food Instrument		
✓ The ID folder / transfer card must be filled out completely (see Appendix C)		
 ✓ Food Instrument and VOC / ID Folder Security 		
 ✓ Option to report problems with a WIC vendor, WIC participant, WIC employee or WIC fraud by calling: 1-866-229-6561 		
✓ WIC ID folder signed and provided to client		
✓ An explanation of the food package and how these foods can improve their health status		Ch. 2 Sec. L
✓ Option to register to vote		Ch. 2 Sec. L WRO Policy Memo 800-D
✓ Participants / authorized representatives will keep scheduled appointments or notify Local Agency staff if unable to do so		Ch. 2 Sec. L
✓ Use of a proxy		Ch. 2 Sec. L
✓ Verification of marks if the applicant cannot write his or her name		Ch. 2 Sec. L
	-	

✓ Rules and Regulations properly documented in Care Plan	Ch. 2 Sec. L
Lead screening documented	Ch. 6 Sec. J
Goals tailored	Ch. 7 Sec. B & C
Appropriate nutrition education to address goals and client's interests	Ch. 7 Sec. B & C
Used food models / props to establish serving sizes, if appropriate	
Promotes / supports BF for PG / PP women	Ch. 7 Sec. C & F
Staff documented Nutrition Education	Ch. 7 Sec. B
Mandatory referrals and referrals needed by client were made and documented	246.7(b) Ch.7 Sec.A
Appropriate materials given	Ch. 7 Sec. B
Appropriate next appointment type	
FOOD PACKAGE & FOOD INSTRUMENT(S)	
Food Package tailored appropriately for participant	246.10(b)(2)
Nutrients in WIC foods were discussed	
Food Instrument education	Ch. 2 Sec. K
✓ Authorized food list	Ch. 5 Sec. D
✓ Authorized vendor list	
✓ Explanation of bi-monthly / tri- monthly issuance	
✓ Separate WIC foods from other foods at checkout	
✓ Inform cashier you are using WIC food instruments	
✓ Present food instruments & ID folder to cashier	

✓ Verify amount & date of use recorded on food instrument and sign the food instrument	
✓ Use food instrument after issue date and before void date	
✓ No exchanges for cash, non- authorized food items or store credit	
Food Instrument Issuance	Ch. 5 Sec. B
✓ Client eligibility for bi/tri issuance verified before printing	
✓ FIs for 2 nd and 3 rd months placed in	Ch. 5 Sec. B
new, dated envelopes	
✓ Client signed for food instruments	Ch. 5 Sec. C
PROGRAM INTEGRITY	
Staff verified confidentiality of participant contact information	
Staff logged out of AIM when away from terminal	
Staff followed separation of duties policy when issuing FIs	Ch. 5 Sec. F
Participant confidentiality observed	

PARTICIPANT NAME & ID	EXPLANATION OF FINDINGS



REVIEWER:	DATE:	
AGENCY:		

	Comments	Policy
ADMINISTRATION		
Federal Regulations		
WIC Program Manual		
Lab Manual		
Anthropometric Manual		
LOCAL AGENCY POLICIES & PROCEDURES		
Mailing of Food Instruments		
✓ Are FIs mailed?		
✓ What are the procedures?		
✓ Are mailed FIs documented?		
Breastfeeding		
✓ Breast pump loan/release		
Caseload Management including Outreach Plan		246.11(d)(2)
✓ Designated staff member responsible for outreach		Ch. 6 Sec. A
✓ Outreach efforts to target the homeless/migrants		246.7(b)(5)
 Outreach efforts to target eligible women in their first trimester 		246.7(a)
 ✓ Efforts coordinated with other centers to eliminate barriers 		
✓ Integration with community health / social services		
Nutrition Risk Protocol		Ch. 7
✓ High Risk		
✓ Nutrition Education Care Plans		
Separation of Duties		Ch. 5 Sec. F
✓ More than 1 person clinics		
√ 1 person clinics		
Conflict of Interest		
✓ Current signed by all staff		
Confidentiality statements		
✓ Current signed by all staff		

Media Contact Policy	
American's with Disabilities Act Policies including	
 Accommodations 	
 Translation Services 	
✓ Foreign language	
✓ American Sign Language	
✓ Braille	
✓ TTY	
Information Sharing	Ch. 14 Sec. C
✓ Does LA share WIC data with any other agency/organization other than the State Agency?	
✓ If yes, who do they share with and are State approved sharing agreements current?	
Policy for Reporting Child Abuse	
Milk Policy (for 2% or Whole Milk)	
Lost or Stolen Food Instruments	
✓ Reporting	
✓ Follow-up	
Food Instrument Voids	Ch. 5 Sec. J
✓ Storage	
✓ Stamped "void" immediately	
✓ Void Report reconciled and verified by supervisor weekly	
✓ Shredded	
✓ Separation of duties	
FI Stock Inventory System	Ch. 5 Sec. F &
✓ Logged upon receipt	G
 Maintained, balanced, and verified by a supervisor (initials) 	
✓ Separation of duties	
Control of Keys	
✓ Who has keys, and how is control of keys maintained – issuance/copying/location/access?	
Adequate Staffing Pattern	Ch. 1 Sec. A
✓ Nutritionist visits all locations	
✓ Clinic staff meets needs of the community	
Contacts for Missed Appointments	246.7(b)(5)

LOGS	
Outreach Log (contacts within one year of review)	Ch. 6 Sec. C
Staff Training Logs, including training plans for CNWs	
Formula Sample Inventory Log (receiving and distribution)	Ch. 4 Sec. F
Prescriptions for special formulas/diets	Ch. 4 Sec. A
Breast pump inventory and distribution list	Ch. 7 Sec. H
Perpetual food instrument inventory	Ch. 5 Sec. G
Discrimination/Civil Rights Complaints	
Waiting List (if applicable)	246.7(f)(1)
 ✓ Minimum required info: date of application, name, address, phone, category, EDC, DOB ✓ # people currently on waiting list 	
✓ oldest entry on waiting list	
.CIVIL RIGHTS	
Staff receives Civil Rights training annually	
.Civil Rights Poster ("And Justice for All") posted	246.8
LA developed Outreach Materials (non-discrimination	246.8(a)
statement with same size font if stating benefits of WIC)	Ch. 9 Sec. B
Appropriate (multi-lingual) materials	Ch. 9 Sec. B
Building Accessibility (ADA compliance)	246.8
LA Discrimination Log or File of Complaints received	246.8(b)



COMMENTS		



REVIEWER:	DATE:	
AGENCY:	SITE:	

	Comments	Policy
ADMINISTRATION		
Federal Regulations		
WIC Program Manual		
Lab Manual		
Anthropometric Manual		
LOGS		
Outreach Log		Ch. 6 Sec. C
Staff Training Logs		
Formula Sample Inventory Log (receiving and distribution)		Ch. 4 Sec. F
Prescriptions for special formulas/diets		Ch. 4 Sec. A
Breast pump inventory and distribution list		Ch. 7 Sec. H
Perpetual food instrument inventory		Ch. 5 Sec. G
Discrimination/Civil Rights Complaints		
Waiting List (if applicable)		246.7(f)(1)
✓ Minimum required info: date of application, name, address, phone, category, EDC, DOB		
✓ # people currently on waiting list		
✓ oldest entry on waiting list		

CIVIL RIGHTS/CULTURAL COMPETENCE	
Civil Rights Poster ("And Justice for All") posted	246.8
LA developed Outreach Materials (non-discrimination	246.8(a)
statement with same size font if stating benefits of WIC)	Ch. 9 Sec. B
Appropriate (multi-lingual) materials	Ch. 9 Sec. B
Building Accessibility (ADA compliance)	246.8
LA Discrimination Log or File of Complaints received	246.8(b)
Clinic environment considers culture needs of participants with posters/handouts	246.11(b)(2)
.PROGRAM INTEGRITY	
.WIC Complaint Hotline Poster in Clinic	
Food Instrument (FI) Security	
Staff runs test print daily	
Mailing of FI's:	Ch. 5 Sec. M
✓ Are Fl's mailed?	
✓ What are the procedures?	
✓ Are mailed FI's documented?	
FI voids:	Ch. 5 Sec. J
✓ Where are they kept?	
✓ Are they stamped "void" immediately?	
✓ Are they shredded?	
Void Report: Reconciled and verified by supervisor weekly	Ch. 5 Sec. J
Separation of Duties:	
✓ Who inventories, prints, issues, and reconciles voids?	

FI Stock Inventory System:	Ch. 5 Sec. F &
✓ Logged upon receipt	G
✓ Maintained	
✓ Balanced	
✓ Verified by a supervisor with separation of duties	
FI paper removed from printers at end of day and locked	Ch. 5 Sec. G
Inventory report reconciled and verified by a supervisor (initials)	
FI secured during breaks and lunch periods	
.Clinic Security	
Staff Logs-in and/or passwords are not displayed	
There is secure storage of FI stock (paper), MICR cartridges, program stamps, and ID folders	Ch. 5 Sec. G
Computers (including laptops) and printers are in a secure location within the clinic	
The WIC office door(s) has an internal lock on door/file cabinets	
Key Storage: Who has keys, and how is control of keys maintained – issuance/copying/location/access?	
CUSTOMER SERVICE	
Clinic appointments outside normal business hours	
Environment is comfortable for participants (i.e. seating, room space, friendly atmosphere, etc.)	
Materials	
Referral Service Program brochures available on site for participants	Ch. 6 Sec. F
National Voter Registration Act forms/posters	WRO Policy memo 800-D
No smoking sign posted	246.6(b)(4)
Appropriate TV or video programs in lobby	Ch. 7 Sec. A
Activities for kids (coloring books, toys, books)	

Emergency Phone #'s and Emergency Exits	
 ✓ 9-1-1 and other Emergency Numbers posted in a visible area 	
✓ Emergency Exits are accessible	
✓ Emergency Exit signs posted in a visible area	
 ✓ Emergency WIC number posted at entrance for participants (in case clinic is closed, etc.) 	
Breastfeeding Friendly	
Breastfeeding friendly environment, such as breastfeeding promotional materials visible, videos, lactation room	Ch. 7 Sec. F
CBCs, CLEs, or IBCLC on staff	246.11(c)(7)(ii)
Name and qualifications of the person designated as breastfeeding coordinator	
No formula, samples, posters, handouts or promotional items	Ch. 7 Sec. F
on display or in sight of clients	246.11(c)(7)(i)
LAB ENVIRONMENT	
Recumbent length board with attached foot piece used for measuring infants.	
Calibrated & wall mounted standing ht board used for women and children.	
Scales calibrated annually	
Scales on hard/stable surface	
MSDS data posted in clinic	Lab Man Ch 2
✓ Employees know where it is	
✓ Employees know what it is	
Lab surfaces cleaned daily with correct sanitizing solution	Lab Man Ch 2
✓ Sanitizing solution disposed of properly after 7 days	
Appropriate objects used with Hemocue analyzer (i.e. no sharp objects)	
Cuvette container(s) labeled with opened/expiration date (<90 days)	Lab Man Ch 3



COMMENTS		



Arizona WIC Program Nutrition Education Observation Checklist

REVIEWER:	DATE:	
AGENCY:	SITE:	_

	1	2	3	Comments
CNW / Nutritionist (list)				
Participant Name/ID (list if One on One)				
Type of Ed (Group/One on One)				
Length of session (in minutes)				
Information was accurate and up to date				
Information was individualized to meet participant's needs:				
 Staff considered the education level, lifestyle and cultural beliefs of each participant 				
 Education addressed participant's risk factors 				
 Education session was appropriate to learner's ability or willingness to make changes 				
 Education was tailored using participant's chosen goals 				
Instructor actively involved the participants				
Participants received positive feedback to reinforce good habits				
Appropriate, state approved, materials were used				
Information (verbal/written) was useful and easy to understand				
Education session was documented appropriately in participant's Care Plan				
Plan for next appointment was addressed				
Appropriate referrals were made				